

## **Written report NFOG Fund 2018 (NF18022)**

### **ESGO Advanced Course in Ovarian Cancer Surgery. Hamburg, Germany. March 22-24, 2018**

I am working at the Dept. of Gynaecological Oncology, Oslo University Hospital, and at present I am also attending the ESGO (European Society of Gynaecological Oncology) subspecialist training program. In March 2018 I was fortunate to be accepted to the first Advanced Course in Ovarian Cancer Surgery to be arranged by the ESGO in Hamburg, Germany.

The course was held in excellent locations at the European Surgical Institute outside Hamburg, and was lasting for 3 days. The participants had medium to well experience in the field of ovarian cancer surgery, and most were gynaecological oncologists, and a few were general gynaecologist and cancer surgeons. It was an international course with 21 participants from 19 different nationalities. The Faculty was well known gynaecological cancer surgeons with ESGO affiliations, and the aim of the course was to improve the training of surgeons and elevate the standards of knowledge on management of ovarian cancer surgery.

On day 1 the scientific program consisted of theoretical lectures with, at first, a general introduction of the ESGO Guidelines and recommendations in ovarian cancer surgery. Afterwards we had two excellent lectures titled "The aim of cytoreduction in ovarian cancer surgery", and "Evaluation of the extension of the disease". The program continued with organ specific, and practical oriented lectures including techniques for rectum surgery, lymphadenectomy, liver mobilization, diaphragm stripping, splenectomy, distal pancreatectomy, stomach mobilization, dissection of porta hepatis and coeliac trunk, and video assisted thoracoscopic surgery (VATS). During day 1 we also had presentations on pre- and postoperative management, bowel preparation, nutrition, morbidity and postoperative outcome.

Day 2 continued with theoretical lectures concerning bowel surgery and ureteral reconstruction. Afterwards we were watching 2 live surgeries simultaneously transmitted from the OR at Charité Berlin, Germany. One woman was newly diagnosed with advanced ovarian cancer, and underwent primary debulking surgery leaving no residual tumor left. The other woman had recurrent ovarian cancer disease, and was scheduled for secondary debulking surgery, but ended up with palliation surgery and a colostomy due to disseminated abdominal disease. The surgeons at Charité, Berlin were communicating with the audience in Hamburg, and instructively explaining what they were doing, why they were performing as they did, and the reasons for choices they were making during surgery. In the end of the day there were additional theoretical lectures on surgical complications.

On day 3 we had hands-on-training in the cadaver lab under the direct mentorship of experienced surgeons in gynaecological oncology in Europe. There were 3 participants and 1 mentor in each group, giving all of us the opportunity to explore the anatomy and perform dissections in the upper abdomen as well as liver mobilization, splenectomy, distal pancreatectomy and ureter implantation.

The course gave me motivation for further education, and increased my understanding of the possibilities and limitations of surgery in women diagnosed with advanced ovarian cancer. I will highly recommend the course to other gynaecologists interested in advanced ovarian cancer surgery, and I am grateful, and give my warmest thanks, to the NFOG Fund for the financial support to participate in the Advanced Course in Ovarian Cancer Surgery.